ADULT-ONSET STILL'S DISEASE TREATMENT PREDICTORS AT 1-YEAR FOLLOW-UP IN A SINGLE RHEUMATOLOGIC CENTRE EXPERIENCE

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Background: Adult-onset Still's disease (AOSD) is a rare systemic inflammatory disorder mainly characterised by persistent high spiking fevers, evanescent rash, and joint involvement. Data on the efficacy of biologic therapy in the management of AOSD has increased and represents a breakthrough in the management of patients with AOSD refractory to corticosteroids (CS) or conventional (c) DMARDs.

Objectives: We aimed to evaluate possible predictor on the need to use a biologic agent in the management of AOSD patients.

Methods: In this retrospective monocentric study we evaluated AOSD patients followed in our outpatient's clinic since 2010 with at least 1 year follow-up. Clinical manifestations, joint involvement, CS and c- or bDMARD use were main outcome measures.

Results: We evaluated 28 AOSD patients (mean age 43±14 years; median disease duration 3 (95%CI 2.5–17.3) months). All patients at baseline were treated with a median CS of 18.7 (95%CI 14.3–24.8) mg/day prednisone equivalent dose, and median methotrexate (MTX) dose of 15 (95%CI 13.4–16.28) mg/week. After 1 year follow-up, in the 8 patients (28.6%) that needed to start a bDMARD (4 anti-IL1; 3 anti-IL6 and 1 anti-TNF), we observed that baseline joint involvement was the more prevalent manifestation of the disease with higher DAS28 compared to those patients still on CS+MTX combination therapy. Further studies with more extensive cases are necessary.

Disclosure of Interest: None declared


LOW SERUM IGF1 IS ASSOCIATED WITH HIGHER CARDIOVASCULAR RISK IN THE MIDDLE-AGED WOMEN WITH RHEUMATOID ARTHRITIS INDEPENDENTLY OF THE DISEASE RELATED PARAMETERS

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Background: Serum levels of IGF1 are inversely correlated with the risk of cardiovascular disease (CVD)

Objectives: To analyse the relation between serum levels of IGF1 and cardiovascular risk (CVR) in women with rheumatoid arthritis (RA).

Methods: The risk of dying of CV disease within 5 years was calculated by the strategy proposed by Pocock et al. BMJ 2001 in 185 women with RA (mean age 57 ± 17 years) with previous history of CV events. The CVR and characteristics related to it were analised with respect to serum IGF1. IGF1 levels below the median of the total cohort were considered.

Results: The women with low IGF1 (n=91, mean 104 pg/ml) had significantly higher CVR compared to those with normal IGF1 (n=94, mean 194 pg/ml) with the predicted risk of 0.51% and 0.17%, respectively (p=10–5). Among the traditional CVR factors, the low IGF1 group was 10 years older (mean 56.8 vs. 48.9 y, p=10–5), lower in height (165 vs. 168 cm, p=0.013, 21% of the patients being <160 cm) and had high prevalence of hypertension (24% vs. 8.5%, p=0.004), while current smoking was similar between the groups (15% vs. 14%).

The low IGF1 group displayed the unfavourable metabollic profile with higher BMI (p=0.002) and obesity in 22%, higher predicted body fat content (mean 39.5 vs. 35%, p<0.05) and higher total and LDL cholesterol (p=0.0014 and p=0.0053, respectively). The levels of adiponectin (p=0.032) and HDL-cholesterol (p=0.25) were lower in the low IGF1 group, which resulted in the comparable total cholesterol to HDL ratio between the groups. This could also explain that the prevalence of diabetes mellitus and metabolic syndrome were low. With exception of the disease related CVR factors, the mortality was significantly higher in the IGF1 low group (p=0.001). The levels of CRP and ESR were higher in the IGF1 low group (p=0.001) and the prevalence of sero- positivity (91% vs. 92%).

Conclusion: Serum IGF1 levels in the low normal range are associated with higher CVR in female patients. This increase in CVR seems to be independent of the RA-related characteristics. The combination of low height and hypertension argues for the important role of congenital factors in defining serum IGF1 levels in the studied RA women.

REFERENCE:

with an Esaote MyLab70XVG ultrasound device with a linear probe (7–12mHz) and an automated program measuring intima media thickness (IMT) by radiofrequency ("Quality intima media thickness in real-time, QIMT"), and registered the presence of atheroma plaques (per Mannheim consensus). We determined pulse wave velocity (PWV) by a validated MobilOGraph device. We considered as pathologic an IMT >900 μ and a PWV >10 m/s and the presence of plaque and/or pathologic IMT. We prospectively collected mortality and the development of new vascular events over four years and the current smoking status and exposure calculated in pack-year. Statistical analysis was performed using SPSS 17.0 software.

Results: We included 198 patients, excluding 15 because of previous CV events. The mean age was 66.5 years (SD 13.44). 76% were women and the mean BMI was 27.35 (SD 4.82). 31.1% were smokers, 43.2% hypertensive, 47.5% dyslipidemic and 10.4% were diabetic. The mean duration of RA was 19.95 years (SD 11.88). 76.5% of patients were seropositive and 75.4% had erosions. The mean CRP and ESR were 9.51 mg/L (SD: 32.29) and 13.83 mm/h (SD:14.26), respectively. The mean modified SCORE was 1.81 (SD: 1.81). Regarding the vascular study, 48.1% had atheroma plaques, 32.2% a pathologic PWV [mean value of 9.13 (SD 2.12)], and 16.7% had a pathologic IMT [mean value of 748 μ (DE 188.73)].

31.1% of the patients (57) were smokers or former smokers. The average pack-year was 24.17 (SD: 21.37). No relation was found between current or previous use of tobacco and any of the outcome measures described. However, when considering cumulative exposure to tobacco, there was a trend to correlate with higher values of PWV (p=0.07) and a higher plaque presence (p=0.089) was detected. After 4 years of follow-up, 3 deaths were recorded among smoking patients, but a higher incidence of CV events was not detected in relation to cumulative exposure to tobacco (p=0.99).

Conclusions: The quantification of the exposure by pack-year of cigarette smoked could give us more information about vascular damage in patients with RA. The limitation of our study is the small number of smokers in the time they were followed.

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AB0373 LEFT ATRIAL FUNCTION IN RHEUMATOID ARTHRITIS PATIENTS

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Background: Rheumatoid arthritis (RA) is a common autoimmune systemic inflammatory disease affecting approximately 1% of the worldwide population. The interaction of genetic and environmental factors results in a cascade of immune reactions, which ultimately lead to the development of synovitis, joint damage, and structural bone damage.1

The importance of the left atrium in cardiovascular performance has long been acknowledged. Quantitative assessment of left atrial (LA) function is laborious, requiring invasive pressure-volume loops and thus precluding its routine clinical application. In recent years, novel postprocessing imaging methodologies have emerged, providing a complementary approach for the assessment of the left atrium. Atrial strain and strain rate analysis by two-dimensional speckle-tracking echocardiography have proved to be feasible and reproducible techniques to evaluate LA mechanics.2

Objectives: 1. To screen cardiac affection in rheumatoid arthritis patients
2. To assess subclinical echocardiographic affection in RA patients

Methods: 30 healthy control, and 45 RA patient subjected to full clinical assessment, DAS 28 ESR score, full laboratory evaluation, conventional and tissue Doppler imaging (TDI) and strain (S) and strain rate (SR) analysis by two-dimensional speckle tracking of the left atrium.

Results: we found statistically significant difference in 2 Left atrial PEF, 2 Left atrial EI, 2 Left atrial TEF, TDI mitral lateral annulus e-, TDI mitral lateral annulus s, Average SR E 1/s between patients and controls, and negative correlation between TDI mitral lateral, TDI s, and Strain rate e and rheumatoid factor. There was negative correlation between 2LA PEF, 2LA EI, and 2LA TEF. Rheumatoid factor is correlated to strain rate e, and negatively correlated with left atrial passive emptying

Conclusions: RA had alteration in left LV longitudinal myocardial function, left atrial expansion volume can be a predictor of AF in RA. RA patient had more left atrial stiffness. Our study concluded cardiac affection is more in seropositive RA patients.

REFERENCES: